W.H.578
& 6.29

App. F. IX-4

1929 (Medical)

File No. 37-29

Serial Nos. 1-2

Previous References
Med. 1-27. Sb. 1.
7-25 .. 10.19.23.

Later References
Med. 37-29 (3 & 4)
" 15-29 (10-12),
" 268-36 (1-2)

General and Revenue Secretariat.

Serial Nos. 2

Part B for September 1929.

SUBJECT

Absorbable Allowance to Dr. B. Jayaram Naidu.

Sb. 2. No. G. 2646-7 Dt. 30.8.29

To The Senior Surgeon in Mysore.
Comptr. to Govt. Hrs Fd. Secy.

Sanctions the grant of an absorbable allowance of Rs. 60/- per mensem to Dr. B. Jayaram Naidu.

Bell 13/9

(138)

726 (5)

General and Revenue Secretariat | Med. File No. 37 | App. F. III—2] of 1929

Serial No.

Letter No C 284-1 Dt 29.7.1929
From the Senior Surgeon
Forwards the Report of Mr B. Jaya Ram for information & recommends an absorbable personal allowance Rs 60/- per month to him

1) The Report is submitted for perusal.

Mr C Krishnaswamy Rao has Standing Rs. 240/- 120 P.A Mes 7-25-19. (Offg Surg)

2) As regards the Salary of Mr B. Jaya Ram, the Senior Surgeon recommends the grant of an absorbable personal allowance of Rs 60/- P.M. under para 2 of G.O. No. G. 1993/Med 1-27-1 Dt 22nd August 1927

3) Para 2 of the G.O. reads as follows: "Officers who obtain special qualifications at Vienna & elsewhere will also be granted suitable allowance". The Senior Surgeon's recommendation is for orders.

Surgeon 3/17

4) The enclosures to the Senior Surgeon's letter are for favor of perusal.

5) The Senior Surgeon does not propose any action on enclosures 2 and 3, for the reason stated by him. The promised programme of anti-tuberculosis work may be awaited. In the meantime, the S.S. has already issued instructions to Mr. Jayaram, in another connection, to be in charge of the Tub. dispensary also and ~~also to prescribe for a few days in the week in the main hospital~~

The other improvements suggested in en: 3 will perhaps form the subject matter

Note—Contn. Sheet

WD 01684—GPB—30,000—20-4-29

Serial No.

of a separate reference from the S.S. after he has inspected the arrangements in the Madanapalle Sanatorium, in company with Mr. Jayaram.

b) The only other point for consideration is in respect of encl: 4, in which Mr. Jayaram asks for the same ~~allowances~~ Concession as was given to Dr. Krishnaswami Rao, on his return from foreign training, and also for the increase of his charge allowance for the charge of the Sanatorium.

c) Dr. Krishnaswami Rao was on return from training entitled to a pay of Rs 190. But in the spl: circumstances of his case, he was started on Rs 240 with an absorbable allowance of Rs 120 so as to bring his total emoluments to the maximum of the grade. But since then, the G.O. of Aug. 1927 has been passed (Hlth W) ~~and~~ ~~Spl:~~ and the system of Special Concessions till then granted was abolished, substituting in its place the grant of absorable personal allowances according to the qualifications obtained by the particular officer. The ~~deg~~ diplomas obtained by Mr. Jayaram are not among those for which an allowance is attached in the above G.O. But they come under para 2 of it which provides for the grant of

WD 01684—GPB—30,000—20-4-29

Serial No.

DEWAN'S OFFICE. 26 AUG. 1929 No. 917

a/c 4E 5-18/29

3/9

Please Verify

HS pay Rs. 170/-
D.A. Rs. 50/-
Total emoluments Rs. 220/-

suitable allowance according to the merits of each case

8) The S.S. suggests for reasons given by him that an absorbable allowance of Rs 60 may be given to the officer. He does not think that for the present, the charge allce of Rs 50 that he is now getting, need be enhanced (Mr. Jayaram's pay is Rs. 170)

9) The Senior Surgeon's proposals are for consideration.

DD 1/8.

Chief Secy)

SECRETARY 2 AUG. 1929

3rd member this' Fin Secy.

RG 3/8/29

5/8/29 DD

The opinion of the S.S. may be accepted

8-8-29

RG 7/8/29 DD

Agreeable for appt.

DD 13/8.

Chief Secy)

Dewan)

RG 26/8/29

RG 27/8

RG 29/8/29

5 AUG. 1929

Note—Contn. Sheet

WD 01684—GPB—30000—29-4-29

Serial No.

Sr Corr. 5 314

29-8-29

Financial Secy has agreed.
Draft & Sanction sent.
Issue
28

31/8/29 Communicated

2 To The Sr Surgeon.
The Comptroller thro' the Secy
No 2646-7 D 30.8.29.
Sanctions the grant of an
absorbable allowance of Rs 60/- p.m
to Dr Jayaram Naidu

GENERAL MISCELLANEOUS BRANCH
10 SEP 1929

Note—Contn. Sheet

WD 01684—GPB—30,000—20-4-29

(1 58) (5)

GOVERNMENT OF HIS HIGHNESS THE MAHARAJA OF MYSORE,
MEDICAL DEPARTMENT.

Med 37-29-1

In replying please quote
No. M.C. 282 — 1

OFFICE OF THE SENIOR SURGEON IN MYSORE,

Bangalore, dated the 29-7-1929.

Enc. 4

Telegrams:— SENORGEN

Telephone:— No. 27

FROM S. SUBBA RAO, ESQ., B.A., M.B.C.M., M.R.C.S., (Eng.) L.R.C.P., D.P.H.,
Senior Surgeon with the Government of His Highness the Maharaja of Mysore.

To

The Offg. Chief Secretary to the
Government of Mysore, Bangalore.

GENERAL MISCELLANEOUS BRANCH
No. 726
30 JULY 1929

SIR,

I have the honor to forward, for the information of Government, the following reports and letter in original received from Mr. B. Jayaram, Medical Officer, Tuberculosis Sanatorium:-

1. Report of his work during his deputation abroad,
2. A short report about the organisation of anti-tuberculosis work in the State.
3. Suggestions to improve the existing facilities for tuberculosis work and
4. A letter on the subject of his salary.

In regard to items (2) and (3), the proposals made by Dr. Chandrasekhar are already before Government and a programme of gradual development of anti-tuberculosis work in its various phases will shortly be formulated and submitted to Government.

As to the pay of Mr. Jayaram, it will be kindly observed that the points urged by him are that " the idea of appearing for the M.R.C.P., (Edinburgh) examination was purely at his own election", that the period of stay of 4 months was considered as leave and that no allowance of any kind was granted to him. All this is beside the point. The M.R.C.P of Edinburgh is a much easier examination than that of London; nevertheless, Mr. Jayaram was not able to pass it even after two attempts. His claim for the grant of "the same concessions as were granted to Mr. C. Krishnaswamy Rao" is therefore untenable as the two cases are, in no sense, parallel and comparable.

In view however of the fact that Mr. Jayaram has obtained the D.T. qualification, I am of opinion that under the provisions of para

(6)

para 2 of Government Order No.G.1993/Med.I-27-1, dated the 22nd August 1927, he may be granted an absorbable personal allowance of Rs.60/- per mensem, as in the case of Messrs.T. Seshachalam and B.G.Sambasivan. There is no need at present to increase the charge allowance attached to the Sanatorium.

I have the honor to be,

Sir,

Your most obedient servant,

S. Subbarao.

SENIOR SURGEON.

SRA.

Encl. 1. REPORT OF MY WORK DURING MY DEPUTATION Abroad.

To

THE CHIEF SECRETARY
to the Government of Mysore,
BANGALORE.

THROUGH

THE SENIOR SURGEON
to the Government of Mysore,
BANGALORE.

Sir,

I have the honour to submit herewith a report of my work during the period of deputation.

I arrived in London on the 20th Sept. 1927. I joined the Brompton Hospital and worked there for one month. Then I left for Edinburgh to take up the classes in Tuberculosis in the University of Edinburgh. Incidentally I wrote to the Senior Surgeon that there was a special diploma in Tuberculosis given at Cardiff, University of Wales the course extending over 6 months January to July. Because I did not possess a registerable qualification, I asked the permission of Senior Surgeon to appear for the Conjoint Examination of Edinburgh. I appeared for the same and passed in January 1928.

Then I left for Cardiff to take up the cour of studies there. The course at Cardiff consiste of lectures in Tuberculosis, medicine, surgery, pathology and Bacteriology, orthopaedic surgery and Lung surgery, clinical work in Tuberculosis Dispensary., Sanatoria, Hospital for advanced T.B., Hospital for Surgical T.B. and practical work in Pathology, Bacteriology, experimental T.B. I passed the examination in July 1928, standing fir in the passed list.

Subsequently I received a cable from the Senior Surgeon intimating me that the Government had sanctioned my tour in U.S.A. I spent ~~there~~ three months in U.S.A. visiting a number of Hospitals in New York. The National Tuberculosis Association helped me in preparing an ~~iternery~~ itinerary for me at the instance of the Director of Rockfeller Foundation. I was very much interested in the antituberculosis campaign undertaken by the National Tuberculosis Association, the details of which I am giving later on. Then I visisted Albany where the Medical Officers of Health explained to me the bearing of public health on the incidence and mortality of T.B. and the meausres they take to combat both.

Next I went to Boston where I saw the Sanitorium ~~there~~. Then I went to Trudcau ~~San~~ Sanatorium at ~~Sareac Laba~~ Saranac Lake. This is one of the biggest centres for study of T.B. and much research work is being done in Bacteriology, Pathology and Rocntgenology of T.B. I was working with Dr. Petroff in the Bacteriological department, with Dr. Gardner in Pathology and Mr. Sampson in the Rocntgenology department. I stayed here for 4 weeks and saw and learnt much that I had not in England.

Next I went to Rochester where there is a big clinic for T.B. in children. Then I went to Henry ~~Phillipps~~ Phipps Institute at Philadephia. Here there is an O.P. department for T.B. and much research work is done in Pathology and Bacteriology in addition to the routine work.

Then I left for New York and sailed for England en route home. Subsequently I wrote to the Senior Surgeon asking for permission to appear for

the M.R.C.P. at Edinburgh and that I intended to offer Tuberculosis as my special subject. Though one month elapsed I did not receive orders and then the Senior Surgeon wired me saying that I need not appear. In obedience to that order I gave up all idea of appearing for that examination and left for Paris en route Home. While at Paris about 1st week of December 1928 I received another cable granting me leave. At once I changed my programme and left for Edinburgh. With only three weeks in front of me I prepared for the examination and appeared but unfortunately I came down. Subsequently I appeared in April 1929 but I came down again. The professor of Tuberculosis who was my examiner told me that the period of three months which I spent at Edinburgh for the study of medicine and Tuberculosis was not sufficient for the membership examination. Thereupon I ~~ex~~applied to the Senior Surgeon for an extension of leave enclosing a letter from the President, Royal College of Physicians, Edinburgh. I waited for 15 days for a reply. Not receiving one I decided to leave for home. On my way I stayed at Paris for 10 days and was working with Dr. ~~Calmette~~ Calmette at Pasteur Institute and Dr. Rist at Laennec Hospital. Then I went to Lausanne and then to ~~Lyon~~ Leysin, Switzerland to work with Dr. ~~Rothir~~ Rollier in surgical Tuberculosis and Dr. Jacquerod in pulmonary Tuberculosis. Then I sailed for home.

I have the honour to be,
Sir,
Your most obedient s e r v a n t,

Dated 10-7-29.

B. Jayaram

Encl. 2. A SHORT REPORT ABOUT THE ORGANIZATION OF ANTI-TUBERCULOSIS WORK IN THE STATE.

1. Survey:

A preliminary survey of different parts of the State as Bangalore and Mysore and some District Head Quarters has to be made. This will give an idea of the extent of infection. Upon this basis institutions like Tuberculosis Dispensaries, Sanitoria and Hospital for febrile of advanced should be started.

2. Education:

(a) People.-- The best part of anti-tuberculosis campaign consists in the dissemination of knowledge regarding the nature and the course of the infection amongst the people at large by public lectures, cinema films and demonstrations so that early diagnosis of cases may be facilitated and easy infection prevented by putting them on their guard.

(b) Medical profession.-- The members of the medical profession should be impressed with the importance of early diagnosis and its bearing on the cousr of the disease.

Table from 1928 Report of Trudeau Sanatorium, Saranac Lake, New York.

Table 1.		No. of Cases Treated.	RESULTS. for an average residence of 242 days			
			Cured: Quiescent	arrested;	not improved:	died :
Early cases		56	13	40	3	-
Advanced.	Moderately	147	71	34	42	-
	Far.	39	15	1	21	2

This table sufficiently speaks for itself about the importance of early diagnosis. Hence a central institute where facilities for special course in the different aspects of Tuberculosis is very essential. A course in Tuberculosis has been made a part of the

curriculum in medical studies in every University in Europe and America and also at Madras. Post-graduate courses are also given at the several Sanitoria and hospitals for advanced cases.

3. A co-ordinated anti-tuberculosis scheme: The methods adopted in Europe and America for fighting this disease are essentially as follows:

(a) Tuberculosis to be made one of the notifiable diseases. This is the most efficient means of finding out cases of tuberculosis and at the same time the contacts. In most of the countries in Europe and in the whole of U.S.A. this has been done.

(b) Tuberculosis dispensary which is an institution for the detection of Tuberculosis and for the treatment and guidance of the persons and household sufferring therefrom. It is a "reception house" and a "clearing house", and is a centre of information regarding the care and prevention of tuberculosis.

(c) Sanitorium:- This is an institution for the treatment of early cases of tuberculosis with a view to the effective arrest of the disease and at the same time to educate the patients about the sort of life they should lead.

(d) Hospital:- This is for the care of the more advanced cases and for the treatment of acute emergencies in the course of the disease. It serves also to educate the tuberculosis patients how to look after themselves at home.

(e) ~~Foreign~~ Farm colony:- This is supplementary to the Sanitorium for the more prolonge treatment of likely cases of tuberculosis with a view to ultimate arrest of the disease and for the simultaneous training of these persons for suitable industries.

(f) The Open air school:- This is an institution for the medical care and education of children who are in the early stages of tuberculosis or who are definitely predisposed thereto. These are known as "Preventoria".

(g) Tuberculosis Care Committee:- This concerns itself with the economic and other domestic conditions of the tuberculosis patient and his households whose care is thought by the Tuberculosis officer or other medical attendant to deserve such consideration. The Committee usually consists of (1) two members of the Municipality (2) Medical Officer of health (3) Tuberculosis Officer.

(h) Health Nurses:- According to some studies Tuberculosis is found about six to nine times more frequently among contacts (other members of the family in which there is a tuberculosis patient

than among non-contacts. Hence they should be examined. Hence Nurses ~~xxxx~~ preferably ~~to~~ those trained in Tuberculosis work have to be appointed to visit the patient's houses for nursing as well as for educating the other members in prevention of the spread of the infection. At the same time, she can use her - influence to pursuade other members of the family to have a thorough ~~test~~ chest examination which will lead to the discovery of the other cases early and perhaps even to the discovery of the source of infection of reported cases.

4. STATISTICS:-

Exact records have to be made of all the cases examined (patients and contacts). This will (a) aid in finding out the extent of the disease and the magnitude of the problem and (b) help to evaluate the work to be done and where to concentrate the future efforts (c) indicate the general trend of the disease.

5. CLASSIFICATION:-

A Uniform classification of the disease should be adopted all over the State. Different countries have different classifications. To be of scientific and practical value a clinical classification must include an estimate of the amount of anatomical involvement and a degree of systemic disturbance. Turban-Gerhardt and Inman's classification answers this best. It is as follows:--

Anatomical:--

I Stage --	Involvement	of one apex of the lung.
II Stage --	do	both apices or one ½ of one lung.
III stage ---	do	the lung more than in No.II viz., cases which cavitations and complications.

Systemic:--

(a) Resting febrile.
(b) Resting effebrile, ambulent effebrile.
(c) Ambulent febrile, working febrile.
(d) Working effebrile.

Thus indicating the anatomical lesion by symbols L1, L2, L3 and systemic disturbances by

a, b, c, d. The disease could be designated as L1, L1 (a), L1 (b) etc. This not only gives an idea of the extent of the disease on admission or first examination but also helps to form an idea of the prognosis.

6. The need for a research institute: Much research work is being carried on regarding the Bacteriology and Pathology in Tuberculosis in Europe and America. Experimental inoculation of animals as guineapigs, and rabbits is necessary not only to clinch the diagnosis in suspicious cases but also to evaluate the efficacy of certain drugs newly introduced for treatment. It may be stated here that in none of the places in the West are new drugs used on human beings without being put to the test on animals.

(14) 81)

Encl.3. SUGGESTIONS TO IMPROVE THE EXISTING FACILITIES FOR TUBERCULOSIS WORK.

1. Sanitorium:

(a) Accommodation: There is a Sanitorium where all types of cases early and advanced are admitted. with an accommodation for 31 patients. Of these there are 26 who are sufferring from bilateral affection, 8 of whom have intestinal tuberculosis as a complication. As defined in encls.2 section 3 para 3 Sanitorium ought to be only for early cases. Many of the early cases which are deserving admission are denied for want of accommodation as the advanced cases are also taken in. Thus there is an urgent necessity for a hospital block for febrile and advanced cases. This could be situated either in the town or in the compound of the Sanitorium.

(b)Nursing Staff:- At present there is a Head Nurse and two nurses It is very inadequate. The staff has to be as efficient & adequate in the tuberculosis sanitorium and Hospital as it is in any general Hospital. There ought to be a matron, a head nurse and one nurse for every 12 bed patients. The Head nurse could look after the 8 special wards' patients and two nurses for the general ward andas the wards are not compact, there must be at least two nurses for night duty. Thus there ought to be six including the matron. Sufficiently attractive pay is necessary to induce the right people to take up the job, specially in view of the facts that they have to work in the midst of a very dangerously infective disease and as they will be cut away from the city life. The nurses of such hospitals are paid in the Western countries relatively more than in the general hospital.

2. The Medical Staff:

At present there is a Sub-Assistant Surgeon who is designated as the R.M.O. In addition to the Ward work he has to look to the X-ray work, distribution of diet etc. This is very inadequate. An additional medical graduate would be of great help in the laboratory and

(15)

the surgical work.

3. Surgical facilities:-

There is no operation theatre at present. Facilities for the same are very essential for which a separate reference will be made.

4. A laboratory:--

The present laboratory is very inadequately equipped. A separate reference will be made about the necessaries.

5. Radiological facilities:--

The X-ray apparatus is rather too weak for ~~test~~ chest work. A more powerful one to give greater details of the lungs is very essential as without it a proper diagnosis is not possible. ~~and~~ The 1927 report of Trudeau Foundation referring to the X-ray laboratory states "As in all new fields of work, the technical changes and advances in roengenography are frequent and rapid. Apparently good apparatus has to be discarded to make way for new. A new timing device has been installed during the past year to facilitate more rapid ~~test~~ chest work and to increase the detail and value of the films".

6. Dispensary:-

For more efficient and useful work in the dispensary as pointed out in enclosure 2 section 3 para 1 for purposes of early diagnosis and as a "centre of information" it ought to be co-ordinated with the Sanitorium, and not isolated as it is at present. This could be placed under the charge of a medical graduate trained in Tuberculosis work under the supervision of the tuberculosis officer.

(16)

Encl.4. Re: My salary.

To

The Chief Secretary to the
Govt. of H.H. the Maharaja of Mysore,
Bangalore.

Through

The Senior Surgeon with the
Govt. of H.H.The Maharaja of Mysore,
Bangalore.

Sir,

I have the honour to bring to your kind notice that on my return from foreign countries after specialising in Tuberculosis as per Government Order, I have been posted as the - - Medical Officer of P.K.T.Sanatorium, Mysore.

Uptil now I have not received any communication from the Government regarding my pay and allowances.

2

In view of the fact that I successfully finished my course of studies within the allotted time obtaining the Special Diploma in the subject for which I was deputed by the Government and standing first amongst the successful candidates and spending the rest of the period in working in the Laboratories and Hospitals at different places in Europe and America as ordered by the Government, I request that my case may be treated generously.

Further I wish to state that the idea of appearing for the M.R.C.P. was purely at my own election and the period of stay of 4 months was considered as leave and no allowances either maintenance or travelling were granted to me during that period. In the light of the above circumstances I request that the Government may be pleased to grant me the same concessions as were -

7h

were granted to Dr. C. Krishnaswamy Rao.

Lastly the charge allowance of the Sanatorium might kindly be raised to the level of the other General and Special Hospitals specially as the number of beds in this Institution is to be raised to 50 within the next month and as there is every probability of a Hospital being attached thereto with a still further increase in the number of beds.

Trusting that favourable orders might be passed at an early date,

I have the honour to be,

S i r,

Your most obedient servant,

Dated 13th July 1929.

Medical Officer,
P.K.T. Sanatorium,
MYSORE.

Ksd.12-7-29.

G.R.S. App. F VI G-2]

SUBJECT.....

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Diary No. of letter replied to.....

Section Med

File No. 37-29.

Serial No. 2

General and revenue Secretariat

( )

the 192 .

Proceedings of the Government of His Highness the Maharaja of Mysore.

Date of issue 30-8-29.

Signed by Mr. N.D. Rao

Read—

Letter No C 1995 | Med 1-37-7 dt 22nd Aug 1929 to the Surgeon General issuing instructions in the matter of the grant of allces to medical officers who return to Mysore after ~~Europe or America after~~ special training in Western Countries.

(2) Letter No C 2824-1 dt 29th July 1929 from the Surgeon recommending for reasons explained the grant of an absorbable personal allowance of Rs 60 p.m. to Mr B Jayaram Naidu Asst Surgeon and Medl Officer P.K Sanitorium Mysore

May this be

i Printed ?

ii treated as a standing order ?

iii published in the Gazette, English Part ?

iv translated ?

v placed at the disposal of the press ?

vi published in the Gazette, Kannada Part ?

(19)

under paragraph 2 of the letter
read above

Order No G. 26467.

Sanctioned.

The Secy Engrs will indicate
with Mell budget
the source from which the
extra cost on the above account
~~is~~ can be met

Rig
26/8/29

AS Offg Chf Secy to Govt

20 The Secy Engrs
is Comptroller the FD
D)

List of enclosure.

Copied by

Examined by

WD 0326—GPB—12,500—26-5-27